U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11252	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Lawrence F Bindner P.O. Box, Bldg., Room No., if any Street 1621 Colby Avenue City Everett State Washington ZIP Code + 4 98201	4. Name, file number, and address of labor organization. Name Washington & Northern Idaho DC of Laborers Labor Organization File Number 066-563 P.O. Box, Building and Room Number, if any Street 805 164th St SE Suite 101 City Mill Crweek State Washington ZIP Code + 4 98012
5. Position in labor organization. Business Mgr/Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Northwest Cascade, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 73399 Street City Puyallup State Washington ZIP Code + 4 98373	Flew on corporate plane to Spokane for attendance at a Northwest Cooperation Fund Board meeting held 9/8/05. The owner of the company and myself were both Board members and I did not receive any reimbursement or expenses for the flight from the Fund. 7.b. Amount. $125

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Larry Bindner On 4/25/2006 (425) 741-3556
Date Telephone Number

Name of Person Filing Lawrence Bindner	File Number U- 11252

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Ave., Ste. 100

City Seattle

State Washington ZIP Code + 4 98019-4896

9. Business deals with:

a. Labor Organization

[X] b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Laborers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Ave., Ste. 100

City Seattle

State Washington ZIP Code + 4 98019-4896

11.a. Nature of such dealing.

Provides health and Pension benefits for members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for personal expenses incurred attending Trust meetings and educational conferences.

12.b. Amount. $2,662

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Lawrence Bindner	File Number U- 11252

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Ave., Ste. 100

City Seattle

State Washington ZIP Code + 4 98019-4896

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Laborers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 201 Queen Anne Ave., Ste. 100

City Seattle

State Washington ZIP Code + 4 98019-4896

11.a. Nature of such dealing.

Provides health and Pension benefits for members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Expenses paid directly by the Trust funds for attendance at meetings and educational conferences.

12.b. Amount. $2,363

Name of Person Filing Lawrence Bindner	File Number U- 11252

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Cooperation Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12201 Tukwila Int. Blvd., Suite 145

City Seattle

State Washington ZIP Code + 4 98168

9. Business deals with:

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Increases union-sector market share, promotes industry, and develops workforce.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for personal expenses incurred for attendance at Northwest Cooperation Fund board meetings.

12.b. Amount. $615

Washington and Northern Idaho District Council

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA • AFFILIATED WITH THE AFL-CIO
P. O. BOX 12917 • MILL CREEK, WA 98082-0917 • (425) 741-3556 • FAX (425) 741-2787

April 27, 2006

U.S. Department of Labor
Employment Standards Division
Office of Labor-Management Standards
200 Constitution Ave. NW, Room N-5616
Washington, DC 20210

Re: Form LM-30 filing for Lawrence Bindner, File Number U-11252

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2005 reporting period. In filing the report I have reviewed all of my available 2005 records as well as my recollection.

It may be possible that a covered employer or business not listed on my LM-30 report for 2005 provided something of value as to which I have neither documentary record nor any specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and the enclosed material represents my best recollection and estimate of all lawfully reported benefits I received in 2005.

Sincerely,

Lawrence Bindner

Lawrence Bindner
Business Manager &
Secretary-Treasurer